



Kansas Department of Health and Environment

Nursing Facilities Program

FACT SHEET

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CARE Program

Beginning January 1, 1995, all individuals seeking admission to an adult care home licensed as a nursing facility will be required to be assessed through the Client Assessment Referral and Evaluation (CARE) Program administered by the Kansas Department on Aging. The intent of this program is to ensure that Kansans seeking long term care services are aware of the scope of services available so they can make an informed decision. The CARE program **does not** affect individuals seeking admission to long term care units in licensed hospitals.

This new Kansas law requires that hospitals conduct a CARE assessment on patients being discharged to a licensed nursing facility. Persons seeking admission to a licensed nursing facility from the community must contact the Area Agency on Aging for an assessment. The Department on Aging has been conducting training programs across the state to prepare assessors from hospitals and the Area Agencies on Aging.

The CARE Program includes an assessment of the individual's functional capacity and other issues which may affect the decision as to what long term care services may be appropriate. The Preadmission Screening process, PASARR, is also included in the CARE assessment. The assessor is required to provide information concerning long term care services available in the individual's community. The individual and/or the family will make the decision whether to seek admission to a nursing facility or remain in the community with or without services.

Upon completion of the assessment process, the assessor will provide the individual with a certificate of CARE Assessment. If the individual's choice is admission to a nursing facility, the certificate must be provided at the time of admission to the licensed nursing facility. The certificate indicates that the requirements for preadmission screening under the state CARE Program and PASARR required for Medicaid certified nursing facilities have been met.

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Preadmission Screening and Annual Resident Review

With the implementation of the CARE Program there are some changes in the implementation of the PASARR process. All persons admitted to a Medicaid certified nursing facility whether located in an adult care home licensed as a nursing facility or in a long term care unit of a hospital must be prescreened prior to admission. Evidence of the prescreening must be

maintained on the resident's clinical record. Residents admitted prior to January 1, 1989 were not required to be prescreened.

During the survey process, surveyors will review the records of residents in the sample for evidence that PASARR was conducted prior to admission on residents admitted after January 1, 1989. Facilities must maintain this documentation on the current clinical record. Facilities are also required to include a copy of the PASARR document with the transfer information when a resident is discharged to another nursing facility.

Medicaid certified nursing facilities located in licensed hospitals must provide evidence that PASARR has been conducted prior to admission. It is recommended that Section II of the CARE assessment be completed by a CARE assessor who is employed by the hospital. If the CARE assessor determines that an individual needs a level II assessment, that second assessment must be completed before the individual is admitted to the Medicaid certified long term care unit.

Attached to this issue of the *Fact Sheet* is a copy of the CARE certificate of assessment. Facilities with questions related to the CARE Program should contact either their local **Area Agency on Aging** or the **Kansas Department on Aging**.

Appropriate Use of Physical Restraints

Federal and state regulations allow for the use of physical restraints under specific conditions. KAR 28-39-150 and 42 CFR 483.13 state that "The resident shall be free from any physical restraints imposed or psychopharmacologic drugs administered for the purposes of discipline or convenience, and not required to treat the resident's medical symptoms."

Definitions for physical restraints are found in KAR 28-39-144(nn) and in Guidance to Surveyors on page P-76 of Rev. 250 *State Operations Manual*. State and federal definitions are the same.

Physical restraints are "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body."

Before a physical restraint can be used in a licensed and/or certified nursing facility or a certified long term care unit in a hospital, the following must be complied with:

1. A comprehensive assessment performed by the interdisciplinary team using the Physical Restraint Resident Assessment Protocol (RAP) for further assessment in addition to the Minimum Data Set Plus (MDS+). The MDS+ and RAPs will assist the interdisciplinary team in identification of strengths, weaknesses, including life long habits, daily routine, ability to perform activities of daily living, mood, attitude, memory, communication, disease status, activities and medications. Based on the strengths and deficits identified by the comprehensive assessment, an individualized plan of care must be developed and documented.
2. A decision to use a physical restraint as an intervention for a clinical problem should be arrived at only when other non-physical restraint options have been attempted and failed.

The National Citizen's Coalition for Nursing Home Reform has identified the following alternatives to restraint use. General options to avoid restraint use include:

- Psychosocial interventions meeting lifelong habits and patterns of daily activity.
- Meeting identified physical needs such as hunger, toileting, sleep, thirst and exercise according to individual routine rather than facility routine.
- Physical and diversionary activity such as exercise, outdoor time, activities each resident would like to do.
- Companionship and supervision including the use of volunteers, family, friends, etc.

- Environmental approaches, good lighting, reduced glare, mattress on floor to reduce falls, individualized seating, alarms.
- Training staff to meet individualized needs identified through assessment and included in the care plan.
- Staffing levels to meet residents' mental, physical, and psychosocial needs - permanent assignment of staff to residents - extra staff at busiest times.
- Administrative support so that flexibility in routines is the norm in order to accommodate individual needs.

Specific Programs for Reducing Restraint Use:

- Restorative care program including walking, bowel and bladder, independent eating, dressing, bathing programs.
- Wheelchair management program to assure correct size and optimum condition. Wheelchair is used for mobility, not seating.
- Individualized seating program for those residents who do not need wheelchairs for mobility. Chairs should be tailored, the same as wheelchairs, to individual needs.
- SERVE program (self esteem, relaxation, vitality and exercise), including fun, relaxation, stretching, range of motion and walking.
- Specialized programs for residents with dementia, designed to increase their quality of life during the day, evenings and nights if necessary.
- Video visits - videotaped family visits when families live far away. Audio tapes with reassuring messages and family information are also useful.
- Outdoor program every morning and afternoon in nice weather. Aide assigned to assist residents using outdoor area.
- Rehabilitation dining room to help residents increase mealtime skills and independence.
- Wandering program to promote safe wandering while preserving the rights of others. Use of "stop signs," fabric door barriers.
- Preventative program for calming aggressive behavior based on knowledge of the resident, preventing triggering of aggression and using protective intervention as a last resort.
- Enhancement project: a program to improve the quality of residents' lives, run by certified nursing assistants.

Implementation of Program for Decreasing Restraint Use:

- Support of professional caregiving staff who can be challenged to think creatively of new ways to identify and meet resident's needs.
- Education for **all staff** on each person's role in decreasing restraint use.
- Allaying fears of families who have been taught that residents must be restrained for safety.
- Closer involvement of social worker, activities director, pharmacologist, various therapists, volunteers and families.
- Removal of easiest restraints first in order to have success.

The following questions should be answered in the affirmative for residents who are physically restrained.

1. Was a comprehensive assessment conducted using the MDS+ and the RAPs to identify the resident's care needs? Was there evidence that less restrictive methods were attempted before the use of a physical restraint was implemented?
2. Was an appropriate plan of care to treat the resident's medical symptoms developed? Did the plan include methods to remediate the medical symptoms identified as the reason for use of a physical restraint? Did the plan include strategies to reduce or eliminate the use of physical restraints?
3. Was the plan of care implemented consistently?
4. Does the staff exhibit knowledge of the plan of care and are they trained to care for residents in physical restraints (state licensure requirement)?

5. Did the physician order identify the medical symptoms to be treated by the use of physical restraints?
6. Does the resident continue to exhibit the medical symptoms or have they decreased in frequency?
7. Has the resident's overall capacity improved with the use of the restraint?

If there are negative answers to any of the above questions, the interdisciplinary team should re-evaluate the use of the physical restraint.

The focus of this agency is to ensure that residents are receiving appropriate services which assist them to function at their highest practicable level. The use of vest, pelvic, waist and wrist tied restraints has been shown through research and practice to be dangerous and often detrimental to the individual's psychosocial functioning as well as their physical functioning. It is the responsibility of each nursing facility to develop appropriate and effective strategies to treat the medical symptoms of residents in a manner which does not cause a decline in functioning.

Admission Agreements

It has come to the attention of this agency that some facilities are having persons other than the resident or their legal representative sign the admission agreement. This practice is against state regulations. K.A.R. 28-39-148 (j) (3) specifically states:

"At the time of admission, the facility shall execute a written agreement with the resident or legal representative which describes in detail the services and goods which the resident shall receive, and sets forth the obligations that the resident has toward the facility."

Legal representative is defined in K.A.R. 28-39-144 (w) as:

".... an individual person who has been appointed by a court of law as a guardian or has been selected by a resident in a durable power of attorney for health care decisions."

Therefore, only a resident, a guardian or an agent named in a durable power of attorney may sign an admission agreement for a nursing facility, nursing facility for mental health, or an intermediate personal care home.

Kansas Nurse Aide Certification Regulations

Changes in the nurse aide regulations have not been implemented due to automation problems at the state office level. However, it is now possible to implement KAR 28-39-168. This regulation relates to the number of opportunities a candidate may have per year from the beginning date of the nurse aide certification training course to take the state nurse aide examination. Each candidate may attempt the state examination a **maximum of three times** per year, from the beginning date of the course, **upon successful completion of an approved 90-hour course**.

The requirement for additional training after the second examination has been deleted from regulation. If questions arise concerning these issues, please contact the Health Occupations Credentialing Unit at (913) 296-0056.

New Appointment

The Bureau of Adult and Child Care is pleased to announce that Mary Beth Voorhees, RN, has been selected as the new Field Services Coordinator. The position was previously held by Lesa Bray, who is now director of the Health Occupations Credentialing Program.

Beth has been employed by the Bureau for three years as a risk management specialist in the Hospital and Medical Program. For the past five years, she has also served on the Emporia State University faculty as a part-time educator. The primary focus of the Field Services Coordinator will be to develop educational plans and programs for our surveyors. Beth will be able to draw on 20 years of supervisory experience in health care facilities to assist her in her new role.

Quality Improvement Program Update

Eight quality improvement consistency surveys have now been conducted. The observational survey process was

developed following the approved quality improvement plan first tested in July, 1993. The process was modeled after the onsite surveyor performance and training survey protocol used by the federal surveyors to monitor state agency performance.

The Bureau would like to thank the administrators and staff of these eight facilities for their cooperation with this process. We are gaining valuable information from these onsite surveys and working very hard to reduce inconsistency, identify training needs and improve the survey process.

The quality improvement committee (QIC) has developed an informational sheet (attached to this *Fact Sheet*) explaining the quality improvement consistency survey (QICS). This sheet will be provided to the administrator or designee by the QIC team on arrival to a facility when conducting a QICS. The team will verbally explain their purpose and role in the survey process on their arrival. The information sheet should help facilitate the process. Any questions or comments can be directed to Sandy Banahasky, RN, Director of the Quality Improvement Program, at the address and telephone number listed on the information sheet.

Fact Sheet Index

Attached is an index of various articles from past *Fact Sheets*. This index is updated in December and is included in each January issue.

Resources for Quality Care

- Janelli, L., Kanski, G., and Heary, M. (1994). Physical restraints: Has OBRA made a difference? **20**(6), 17- 21.

A group of nursing facilities in New York were examined for the effect of implementation of OBRA. Three issues were identified. The literature review indicated the use of restraints has a negative influence on the caregiving process by restricting creativity and individual treatment. Decreased reliance on restraints can be accomplished in nursing homes without an increase in staffing. Transition to limited restraint use requires an organized, planned effort to change attitudes, beliefs, practices, and policies of a facility.

- The Burden and Outcomes Associated with Dehydration among U.S. Elderly. *American Journal of Public Health*. 1994; 84: 1265-1269.

Dehydration was one of the ten most frequent diagnoses reported by Medicare hospitalizations. About 50 percent of Medicare beneficiaries hospitalized with dehydration died within a year of admission. Attention should be focused on understanding predisposing factors, monitoring fluid intake in elderly residents, and devising strategies for prevention. People hospitalized with dehydration should be considered at increased risk for dying within the year following admission.

ANE ISSUE STATISTICS 9/1/94 - 11/30/94				
Total Complaint Calls Assigned for Investigation - 1203				
<u>ANE Investigations</u>		<u>Care Issues Investigated</u>		
Total	108	Total	454	
September	40	September	186	
October	28	October	148	
November	40	November	120	
Alleged Perpetrators - Administrative Review				
	Total Cases	Pending	Declined	Referred
ACH Admin.	1	1	0	0
RNs	7	1	0	6
LPNs	5	1	0	4
CNAs/CMAs	26	0	0	26
Administrative Hearings on CNAs/CMAs				
	Held	19		
	Confirmed	11		
	Unconfirmed	6		
	Pending Decision	2		
	Appeal	2		
	Appeal Withdrawn	-		

*Licensure Category	Civil Penalties			Correction Orders				
	1st	2nd	3rd	1994 Quarters 4th	1st	2nd	3rd	4th
Inadequate or inappropriate hygiene and skin care	2	-	2		17	7	14	
Inadequate or unqualified staffing	2	-	3		8	5	11	
Inoperable or inaccessible call system	-	-	-		6	2	2	
Inappropriate or unauthorized use of restraints	3	-	-		5	7	10	
Unsafe medication administration or storage	2	-	-		5	7	1	
Inadequate nursing services other than skin care	4	1	5		8	5	13	
Inadequate or inappropriate asepsis technique	1	-	1		4	-	4	
Inadequate or inappropriate dietary/nutritional services	1	1	1		8	5	7	
Unsafe storage of hazardous or toxic substances	-	-	-		1	-	1	
Failure to maintain equipment	1	2	1		6	2	3	
Resident right violations	1	-	2		4	4	5	
Unsafe high water temperature	-	1	-		3	1	3	
Inadequate hot water	-	-	-		-	-	-	
General sanitation and safety	2	-	1		5	5	4	
Other (including inappropriate admission)	-	-	-		-	1	4	
Inadequate rehabilitation services	-	-	-		-	-	1	
Civil Penalties	11	5	9					
Correction Orders					34	27	29	
Bans on Admission	5	1	7					
Denials	4	2	3					

* A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.